Case Number:	CM13-0004306		
Date Assigned:	12/27/2013	**Date of Injury:**	12/12/2006
Decision Date:	02/24/2014	**UR Denial Date:**	07/09/2013
Priority:	Standard	**Application Received:**	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 71-year-old male who reported an injury on 12/12/2006. The mechanism of injury was not provided in the medical records. The patient's course of treatment to date was not provided in the medical records; however, it is noted that he has received multiple radiofrequency ablations in the past with moderate to good improvement. The records state that he receives anywhere from 3 to 10 months relief from these procedures, with the last procedure performed prior to the current request was in May of 2012. The clinical note obtained after the last request for authorization (RFA) stated that the patient's pain level was 3/10 and that he was able to increase his functional abilities. The physical examination performed on 07/18/2012, two months after the last procedure, stated that the patient was "in the worst shape" the physician had seen in a while; no objective values of pain levels were provided. In the most recent note dated 06/28/2013, the patient is noted to have been approximately 1 month post ablation with a pain level of 3/10 and no medications listed as actively used. His current diagnoses included facet arthropathy/lumbar-721.3; strain/sprain, lumbar-847.2; neuralgia, neuritis, radiculitis-729.2; degenerative disc disease lumbar region-722.52; and HNP/disc protrusion/extrusion-722.2. There was no other clinical information submitted for review

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Radiofrequency nerve block L2 left, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in Visual Analog Scale (VAS) score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L2 left, Qty 1 is non-certified.

Radiofrequency nerve block L2 right, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends of variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10 down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the May 2013 radiofrequency neurotomy was performed. Unfortunately, the patient's last RFA procedure prior to this request was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of a decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with the interpretation of the previous ablation performed in 05/2012, efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L2 right, Qty 1 is non-certified.

Radiofrequency nerve block L3 left, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were

supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L3 left, Qty 1 is non-certified.

Radiofrequency nerve block L3 right, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be

treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L3 right, Qty 1 is non-certified.

Radiofrequency nerve block L4 left, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the

patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L4 left, Qty 1 is non-certified.

Radiofrequency nerve block L4 right, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a

radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L4 right, Qty 1 is non-certified.

Radiofrequency nerve block L5 left, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more

than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L5 left, Qty 1 is non-certified.

Radiofrequency nerve block L5 right, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS/ACOEM Guidelines recommend radiofrequency neurotomy to treat select patients with low back pain. However, guidelines did not provide any recommendations for repeat neurotomies; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines state that repeat neurotomies should not occur at an interval of less than 6 months and should not be repeated unless duration of relief is documented for at least 12 weeks with at least 50% relief. Guidelines also state that approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, and documented improvement in VAS score, decreased medication use and documented improvement in function. Guidelines also suggest that no more than 2 joint levels are to be treated at 1 time. The clinical records submitted for review consistently stated that the patient received anywhere from 3 to 10 months relief from previous neurotomies. The patient's pain levels were documented to decrease from an average of 6/10 to 8/10, down to 3/10. The clinical notes also show that the patient went from utilizing Motrin as well as narcotic analgesics, to using absolutely no medications to treat his pain after the most recent radiofrequency neurotomy was performed; there was no such documentation after previous procedures. Unfortunately, the patient's last RFA procedure prior to request submission was performed in 05/2012 and by 07/2012 the patient was noted to be "in the worst shape" he had ever been in. Guidelines state that to be successful, relief must last for at least 12 weeks at greater than 50%; however, the last procedure duration of relief only appeared to be approximately 8 weeks. During this time, there was also no documentation of decrease in pain medications, although pain levels remained decreased at 3/10 to 4/10 until the July 2012 follow-up. More recently, the patient underwent a radiofrequency neurotomy in 05/2013 with a noted decrease in pain and medication use. Unfortunately, there were no clinical notes submitted for review after the date of 06/28/2013 and therefore, efficacy and duration of the most recent ablation cannot be determined. Without more recent clinical notes detailing the May 2013 procedure, along with interpretation of the previous ablation performed in 05/2012, overall efficacy of this treatment cannot be determined. Furthermore, the current request is for 4 levels to be treated; guidelines recommend that no more than 2 joint levels be performed at 1 time. As such, the request for radiofrequency nerve block L5 right, Qty 1 is non-certified.